



# MISSOURI DIVISION OF MEDICAL SERVICES

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## SPECIAL BULLETIN: (AGED & DISABLED WAIVER AND PERSONAL CARE)

**Provider Bulletin News:** Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website. <http://www.dss.mo.gov/dms/pages/bulletins.htm>  
Please note new website address.

Bulletins will remain on this site only until incorporated into the [provider manuals](#) as appropriate, then deleted.

**Missouri Medicaid News:** Missouri Medicaid providers may sign-up to receive automatic notifications of all bulletins and other official Missouri Medicaid communications via e-mail. Providers and other interested parties are urged to go to the DMS website to subscribe to the e-mail list.

Table of Contents	Page
MC+ MANAGED CARE .....	1
INCREASED MAXIMUM ALLOWABLE AMOUNTS .....	1
ATTACHMENT A.....	2

### MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

### INCREASED MAXIMUM ALLOWABLE AMOUNTS

Effective for dates of service on or after November 1, 2003, the Medicaid/MC+ fee-for-service maximum allowable rates for the services listed on Attachment A will be increased as outlined in the Attachment. The Division of Medical Services will reimburse the lower of the providers' billed charge or the maximum allowable amount for the date of service billed. Providers may not bill the Medicaid program at a higher rate than they charge their private pay patients. Providers must bill the Medicaid program their usual and customary rate.

Attachment A

<b>SERVICE DESCRIPTION</b>	<b>PROCEDURE CODE</b>	<b>MAXIMUM ALLOWABLE AMOUNT EFFECTIVE NOVEMBER 1, 2003</b>
State Plan Personal Care, 15-minute Unit	T1019	\$3.43
State Plan Advanced Personal Care, 15-minute Unit	T1019TF	\$4.44
State Plan Personal Care in RCF, 15-minute Unit	T1019U3	\$3.29
State Plan Advanced Personal Care in RCF, 15-minute Unit	T1019U3TF	\$3.80
State Plan Personal Care Through HCY, 15-minute Unit	T1019EP	\$3.43
State Plan Advanced Personal Care Through HCY, 15-minute Unit	T1019TFEP	\$4.44
AIDS Waiver Personal Care, 15-minute Unit	T1019U4	\$3.43
Physical Disabilities Waiver Attendant Care Services, 15-minute Unit	S5125U5	\$3.43
Chore Services, 15-minute Unit	S5120	\$3.43
Homemaker Services, 15-minute Unit	S5130	\$3.43
Basic Respite, 15-minute Unit	S5150	\$2.97
Advanced Respite, 15-minute Unit	S5150TF	\$3.72
Nurse Respite, 15-minute Unit	T1005	\$4.85

**Provider Communications**  
**(800) 392-0938**  
**or**  
**(573) 751-2896**